Application or Docket Numb PATIENT APPLICATION REE DETERMINATION RECORD. AS AMENDED FEE . Total 🖖 🦠 CLAIMS :: TIONAL FEE AFTER INTERMENTAL Total (Independent) PRESENT. EXTRA CLAIMS T REMAINING ARTER ARTER TAHIGHESTI INUMBERI PREVIOUSLY PAID FOR ADDI-TIONAL FEE Minus **Ж\$** 9≢ ΟŘ X42_≅ 0 *Hif the entry in column 1 is less ithan the entry in column 2, write "0" in column 3

*Hif the entry in column 1 is less ithan the entry in column 2, write "0" in column 3

*Hif the "Highest Number Previously Raid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE

***If the "Highest Number Previously Raid For" (Total or Independent) is the highest number found in the appropriate box in column. +140=